

**CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)**

Applicant(s): David J. Foran et al.

Docket No.

1302.1.003

Application No.

10/072,470

Filing Date

February 5, 2002

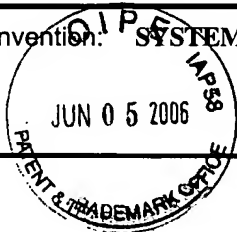
Examiner

Christopher L. Lavin

Customer No.

Group Art Unit

2621

Invention: **SYSTEMS FOR ANALYZING MICROTISSUE ARRAYS**

Change of Correspondence Address,  
Part B - Fee(s) Transmittal, Verified  
Statement Declaring Small Entity

I hereby certify that this

(Identify type of correspondence)

is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope

addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

June 2, 2006

(Date)

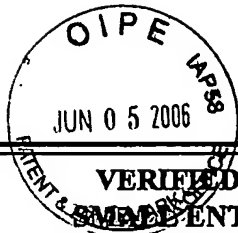
Kenneth Watov

(Typed or Printed Name of Person Mailing Correspondence)

A handwritten signature in cursive script that reads "Kenneth Watov".

(Signature of Person Mailing Correspondence)

**Note: Each paper must have its own certificate of mailing.**



<b>VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS - NONPROFIT ORGANIZATION</b>			Docket No. <b>RNJ 01-053</b>
Serial No. <b>10/072,470</b>	Filing Date <b>02/05/2002</b>	Patent No.	Issue Date
Applicant/ Patentee: <b>FORAN, et al</b>			
Invention: <b>Systems for Analyzing Microtissue Arrays</b>			
<p>I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:</p> <p>NAME OF ORGANIZATION: <u>UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY</u></p> <p>ADDRESS OF ORGANIZATION: <u>OFFICE OF PATENTS AND LICENSING</u> <u>335 GEORGE ST, SUITE 3200</u> <u>NEW BRUNSWICK, NJ 08901</u></p> <p>TYPE OF NONPROFIT ORGANIZATION:</p> <p><input checked="" type="checkbox"/> University or other Institute of Higher Education</p> <p><input type="checkbox"/> Tax Exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3))</p> <p><input type="checkbox"/> Nonprofit Scientific or Educational under Statute of State of The United States of America Name of State: _____ Citation of Statute: _____</p> <p><input type="checkbox"/> Would Qualify as Tax Exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3)) if Located in The United States of America</p> <p><input type="checkbox"/> Would Qualify as Nonprofit Scientific or Educational under Statute of State of The United States of America if Located in The United States of America Name of State: _____ Citation of Statute: _____</p> <p>I hereby declare that the above-identified nonprofit organization qualifies as a nonprofit organization as defined in 37 CFR 1.27(a)(3) for purposes of paying reduced fees to the United States Patent and Trademark Office under section 41(a) and (b) of Title 35, United States Code regarding the invention described in:</p> <p><input type="checkbox"/> the specification to be filed herewith.</p> <p><input checked="" type="checkbox"/> the application identified above.</p> <p><input type="checkbox"/> the patent identified above.</p> <p>I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.</p> <p>If the rights held by the above-identified nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed on the next page and no rights to the invention are held by any person, other than the inventor, who could not qualify a small entity person under 37 CFR 1.27(a)(1) or by any concern which would not qualify as a small business concern under 37 CFR 1.27(a)(2) or a nonprofit organization under 37 CFR 1.27(a)(3).</p>			

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☐ no such person, concern or organization exists.  
☐ each such person, concern or organization is listed below.

FULL NAME	<hr/>		
ADDRESS	<hr/>		
	<input type="checkbox"/> Individual	<input type="checkbox"/> Small Business Concern	<input type="checkbox"/> Nonprofit Organization
FULL NAME	<hr/>		
ADDRESS	<hr/>		
	<input type="checkbox"/> Individual	<input type="checkbox"/> Small Business Concern	<input type="checkbox"/> Nonprofit Organization
FULL NAME	<hr/>		
ADDRESS	<hr/>		
	<input type="checkbox"/> Individual	<input type="checkbox"/> Small Business Concern	<input type="checkbox"/> Nonprofit Organization
FULL NAME	<hr/>		
ADDRESS	<hr/>		
	<input type="checkbox"/> Individual	<input type="checkbox"/> Small Business Concern	<input type="checkbox"/> Nonprofit Organization

Separate verified statements are recommended from each named person, concern or organization having rights to the invention averring to their status as small entities.

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.27(g)(2))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: BARBARA V. MAUER, REG. NO 31,278  
 TITLE IN ORGANIZATION: PATENT COUNSEL  
 ADDRESS OF PERSON SIGNING: UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY  
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SIGNATURE: Barbara V. Maurer DATE: June 1, 2006